

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
						09/806615						
CLAIMS						*	*	*	*			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	IND.	DEP.	IND.	DEP.	IND.	DEP.	51				
2								52				
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50								100				
TOTAL IND.	/											
TOTAL DEP.	/											
TOTAL CLAIMS	/											